

"Alpine ISD will provide our children with learning experiences to be responsible, productive, and successful citizens of an ever changing world."

Alpine, Texas 79830 (432) 837-7700 FAX: (432) 837-7740

## **Application for Free and Reduced-Price School Meals**

Alpine Independent School District announced its policy today for providing free and reduced-price meals for children served under the attached current income eligibility guidelines. Each school/site or the central office has a copy of the policy, which may be reviewed by anyone on request.

Starting August 2023 Alpine ISD will begin distributing letters to the households of the children in the district about eligibility benefits and any actions households need to take to apply for these benefits. Applications also are available at the main office of each campus at AISD.

Criteria for Free and Reduced-Price Meal Benefits

The following criteria will be used to determine a child's eligibility for free or reduced-price meal benefits:

Income

1. Household income that is at or below the income eligibility levels

Categorical (Automatic) Eligibility

2. Household receiving Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF); or Food Distribution Program on Indian Reservations (FDPIR)

**Program Participant** 

- 3. Child's status as a foster child, homeless, runaway, migrant, or displaced by a declared disaster
- 4. Child's enrollment in Head Start or Even Start

#### **Income Eligibility**

For those households that qualify for free or reduced-price meals based on income, an adult in the household must complete an application for free and reduced-price meals and return it to Amanda Lujan alujan@alpineisd.net. Those individuals filling out the application will need to provide the following information:

- 1. Names of all household members
- 2. Amount, frequency, and source of current income for each household member
- 3. Last 4 digits of the Social Security number of the adult household member who signs the application or, if the adult does not have a social security number, check the box for "No Social Security number"
- 4. Signature of an adult household member attesting that the information provided is correct

#### **Categorical or Program Eligibility**

Alpine ISD is working with local agencies to identify all children who are categorically and program eligible. Alpine ISD will notify the households of these children that they do not need to complete an application. Any

household that does not receive a letter and feels it should have should contact Director of Child Nutrition Amanda Lujan at <u>alujan@alpineisd.net</u> or (432) 837-7700. Any household that wishes to decline benefits should also contact Amanda Lujan.

Applications may be submitted anytime during the school year. The information provided by households on the application will be used for the purpose of determining eligibility. Applications may also be verified by the school officials at any time during the school year.

#### **Determining Eligibility**

Under the provisions of the free and reduced-price meal policy, Amanda Lujan will review applications and determine eligibility. Households or guardians dissatisfied with the Reviewing Official's eligibility determination may wish to discuss the decision with the Reviewing Official on an informal basis. Households wishing to make a formal appeal for a hearing on the decision may make a request either orally or in writing to *Alpine ISD - 704 W. Sul Ross Avenue - Alpine, Texas 79830 or Telephone: (432) 837-7700* 

#### **Unexpected Circumstances**

If a household member becomes unemployed or if the household size increases, the household should contact the school. Such changes may make the children of the household eligible for benefits if the household's income falls at or below the attached current income eligibility guidelines.

For any questions or concerns please visit the Alpine ISD website <u>www.alpine.esc18.net</u> or contact the following people:

Amanda Lujan, Director of Child Nutrition <u>alujan@alpineisd.net</u> (432) 837-7700

Chris Valenzuela, AISD CFO chvalenzuela@alpineisd.net (432) 837-7700

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: Program.Intake@usda.gov.

This institution is an equal opportunity provider.

# The following guidelines apply to the CACFP, NSLP, SBP and SFSP $\Box$

Note: Be sure you use the correct income eligibility guidelines based on the time period.

Eligibility may be based on total income and size (i.e., number of household members) of a participant's household. Children from households whose incomes are at or below the levels shown in the appropriate table are eligible for free or reduced-price meals. If any member of the household receives Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) benefits, children are eligible for free meals.

Adult day care participants whose household incomes are at or below the levels shown in the appropriate table are eligible for free or reduced-price meals. If any member of the household receives Medicaid, Supplemental Security Income (SSI), TANF, SNAP or FDPIR benefits, adult participants are eligible for free meals.

Household Size	Total Income									
	Annual		Monthly		<b>Twice-Monthly</b>		Bi-Weekly		Weekly	
No. of Household Members	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$18,954	\$26,973	\$1,580	\$2,248	\$790	\$1,124	\$729	\$1,038	\$365	\$519
2	\$25,636	\$36,482	\$2,137	\$3,041	\$1,069	\$1,521	<b>\$986</b>	\$1,404	\$493	\$702
3	\$32,318	\$45,991	\$2,694	\$3,833	\$1,347	\$1,917	\$1,243	\$1,769	\$622	\$885
4	\$39,000	\$55,500	\$3,250	\$4,625	\$1,625	\$2,313	\$1,500	\$2,135	\$750	\$1,068
5	\$45,682	\$65,009	\$3,807	\$5,418	\$1,904	\$2,709	\$1,757	\$2,501	<b>\$879</b>	\$1,251
6	\$52,364	\$74,518	\$4,364	\$6,210	\$2,182	\$3,105	\$2,014	\$2,867	\$1,007	\$1,434
7	\$59,046	\$84,027	\$4,921	\$7,003	\$2,461	\$3,502	\$2,271	\$3,232	\$1,136	\$1,616
8	\$65,728	\$93,536	\$5,478	\$7,795	\$2,739	\$3,898	\$2,528	\$3,598	\$1,264	\$1,799
For each additional family member, add	+\$6,682	+\$9,509	+\$557	+\$793	+\$279	+\$397	+\$257	+\$366	+\$129	+\$183

### Fffective July 1 2023 – June 30 2024

*These guidelines are based on 130% (free) and 185% (reduced) of the federal poverty guidelines and are effective July 1, 2023 – June 30, 2024.* 

Household Size	Total Income									
	Annual		Monthly		Twice-Monthly		Bi-Weekly		Weekly	
No. of Household Members	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$17,667	\$25,142	\$1,473	\$2,096	\$737	\$1,048	\$680	\$967	\$340	\$484
2	\$23,803	\$33,874	\$1,984	\$2,823	\$992	\$1,412	\$916	\$1,303	\$458	\$652
3	\$29,939	\$42,606	\$2,495	\$3,551	\$1,248	\$1,776	\$1,152	\$1,639	\$576	\$820
4	\$36,075	\$51,338	\$3,007	\$4,279	\$1,504	\$2,140	\$1,388	\$1,975	\$694	<b>\$988</b>
5	\$42,211	\$60,070	\$3,518	\$5,006	\$1,759	\$2,503	\$1,624	\$2,311	\$812	\$1,156
6	\$48,347	\$68,802	\$4,029	\$5,734	\$2,015	\$2,867	\$1,860	\$2,647	\$930	\$1,324
7	\$54,483	\$77,534	\$4,541	\$6,462	\$2,271	\$3,231	\$2,096	\$2,983	\$1,048	\$1,492
8	\$60,619	\$86,266	\$5,052	\$7,189	\$2,526	\$3,595	\$2,332	\$3,318	\$1,166	\$1,659
For each additional family member, add	+\$6,136	+\$8,732	+\$512	+\$728	+\$256	+\$364	+\$236	+\$336	+\$118	+\$168

Effective July 1, 2022 – June 30, 2023

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